

New Jersey Department of Environmental Protection
Bureau of Discharge Prevention
P. O. Box 424
Trenton, NJ 08625-0424

“Discharges of Petroleum and Other Hazardous Substances”
N.J.A.C. 7:1E-3

TRANSMISSION PIPELINE REGISTRATION FORM

SECTION A

1. Facility owner or operator information

Business name _____ Phone number (____) ____ - ____
Contact name _____ Title _____
Street _____
City _____ State _____ ZIP _____
Pipeline name _____

2. Registered agent information (if applicable):

Name _____ Phone number (____) ____ - ____
Street _____
City _____ State _____ ZIP _____

SECTION B

1. Is this transmission pipeline facility an interstate pipeline as defined in the regulations pursuant to the A Hazardous Liquid Pipeline Safety Act of 1979" at 49 CFR 195? YES____ NO____

2. Total storage capacity of each facility (gallons). This includes breakout tanks and storage tanks.

Location: _____ Storage Capacity: _____

3. Maximum facility transfer capacity (gallons/minute) _____

4. Complete the following table for each hazardous substance stored, held or handled by this facility. (Attach additional sheets as needed.)

Name of Hazardous Substance	CAS #	Category (petro./other)	Max. amount stored at any time (gallons)	Average throughput (gallons)*	Max. transfer capacity (gpm)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* On an annual basis

SECTION C

1. Provide a map(s), in accordance with the criteria at N.J.A.C. 7:1E-3.2(a)6, showing the location of all pipeline facilities, storage areas, transfer areas, and other structures in or on which hazardous substances are stored or handled. Show the geographical features of the surrounding area. Indicate the location at which the pipeline facility enters or leaves the State. The use of current alignment sheets or current maps maintained pursuant to regulations of the U.S. Department of Transportation is acceptable.

2. Pipe Inventory (Attach additional sheets as needed.)

Complete the following table for all types of pipes used for the transmission hazardous substances.

Pipe Description (Material of construction, diameter, length)	History (Major repair, maintenance or leak; last internal inspection, or hydrostatic test)

SECTION D - DISCHARGE CLEANUP INFORMATION

1. Response coordinator name _____
Title _____ 24-hour business phone number (____) ____ - _____

2. Provide a summary of the action plan used in responding to, and minimizing health and environmental dangers from fires, explosions or discharges, including the deployment of personnel and equipment, the chain of command for an emergency response action, and notification procedures pursuant to N.J.A.C. 7:1E-5. (Attach additional sheets as needed.)

3. Provide a list of containment and removal equipment and materials to which the transmission pipeline has access through ownership, contract or other means, including, but not limited to, vehicles, pumps, skimmers, booms, chemicals and communication devices. (Attach additional sheet as needed.)

4. Provide a list of the trained personnel who are available to operate such equipment and a brief description of their qualifications. In lieu of supplying a list of names, the owner or operator may supply a list of job titles of employees who will be assigned to operate containment and removal equipment, and a statement of the minimum qualifications that will be required of each employee so assigned: (Attach additional sheets as needed.)

5. Provide the procedures for determining the recycling or disposal options for hazardous substances or contaminated soil, debris, and so forth, gathered during cleanup and removal operations. (Attach additional sheets as needed.)

SECTION E - CERTIFICATION

Principal Executive Officer of at Least the Level of Vice President

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this registration and all attached documents and, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true accurate and complete., I am aware that there are significant civil and criminal penalties, including the possibility of fines or imprisonment or both, for submitting false, inaccurate or incomplete information.

Signature _____ Date _____

Name (Print) _____ Title _____

Transmission Pipeline Registration Guidance

- 1. The registration must include a completed A. Transmission Pipeline Registration Form. @**
- 2. Only one registration is required to be submitted for the following situations.**
 - a. A battery of pipelines that are in close proximity to one another, parallel and begin and end at the same relative locations;**
 - b. A pipeline with many spurs; and**
 - c. A pipeline with multiple owners/operators (e.g. a pipeline jointly owned by several companies) provided the multiple owner/operators are the same for the entire length of the pipeline being registered.**
- 3. The description of the pipeline inventory must include at a minimum the length and diameter of the pipes and the type and date of the last integrity test of the pipes.**
- 4. The maps must show the pipeline to at least the first valve on the sender's and receiver's property, as well as, the items listed in N.J.A.C. 7:1E-3.2(a)6. . In order to enhance the Department's emergency response planning, we request that the maps be resubmitted in a digital format.**
- 5. Simply listing the name of a discharge cleanup organization is no longer an acceptable method of demonstrating compliance with N.J.A.C. 7:1E-3.4(a)2 and 3. Actual lists of equipment and employees/job titles must be provided.**